

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

9 3 - 0 0 9

2. STATE:

Ohio3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)Title XIX

4. PROPOSED EFFECTIVE DATE

January 29, 19935. REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431.152; Secs. 1902 (a) 28 (D)(i)
and 1919 (e)(7) of the Act; PL 100-203 **

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4.28 Page 76, 79s, 79t
New Section 4.39

7. FEDERAL BUDGET IMPACT:

a. FFY 93 \$ 0
b. FFY 94 \$ 09. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Page 76 ~~XX/XX~~**6) (Sec 4211 (c)); P.L. 101-508 (Sec.
4801(b)).10. SUBJECT OF AMENDMENT: This amendment specifies the preadmission screening and
annual resident review process in nursing facilities in conjunction with the
state mental health and mental retardation authorities and establishes an
appeals procedure for residents adversely affected by the preadmission and11. GOVERNOR'S REVIEW (Check One): annual resident review requirements or by transfer or
discharge from a NF.☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Governor delegated review to
ODHS Director

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Arnold R. Tompkins

14. TITLE:

Director

15. DATE SUBMITTED:

April 23, 1993

16. RETURN TO:

Judith Stanford
Office of Legal Services
30 East Broad Street, 31st Floor
Columbus, Ohio 43266-0423

17. DATE RECEIVED:

April 28, 1993

18. DATE APPROVED:

6/6/01

FOR REGIONAL OFFICE USE ONLY

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JANUARY 29, 1993

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl Harris

21. TYPED NAME:

Charles W. Hazlett CHERYL HARRIS (19)

22. TITLE:

Associate Regional Administrator
Division of Medicaid & CHILDREN'S HEALTH

23. REMARKS:

RECEIVED

HCFA-179-0000-0000

Revision: HCFA-PM-93-1
January 1993

(BPD)

State/Territory: OHIO

Citation

4.28 Appeals Process

42 CFR 431.152; AT-79-18
52 FR 22444; Secs. 1902
(a)(28)(D)(i) and 1919
(e)(7) of the Act; P.L.
100-203 (Sec. 4211(c)).

- (a) The Medicaid agency has established appeals procedures for NFs as specified in 42 CFR 431.153 and 433.154.
- (b) The State provides an appeals system for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.

TN No. 93-009

Supersedes

TN No. NEW

Approval Date

JUN 06 2001

Effective Date January 29, 1993

Revision: HCFA-PM-93-1
January 1993

(BPD)

State/Territory: OHIO

Citation

Secs. 1902(a)(28)(D)(i)
and 1919(e)(7) of the
Act; P.L. 100-203 (Sec.
4211(c)); P.L. 101-508
(Sec. 4801(b)).

4.39 Preadmission Screening and Annual
Resident Review in Nursing
Facilities

- (a) The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meet the requirements of 42 (CFR) 431.621(c).
- (b) The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State plan" the cost of NF services to individuals who are found not to require NF services.
- ____ (e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

TN No. 93-009

Supersedes

TN No. NEW Approval Date January 29, 1993 Effective Date January 29, 1993

79t

Revision: HCFA-PM-93-1
January 1993

(BPD)

State/Territory: OHIO

4.39 (Continued) .

- _____ (f) Except for residents identified in 42 CFR 483.118 (c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.
- (g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A.

TN No. 93-009

Supersedes

TN No. NEW

Approval Date

JUN 08 2009

Effective Date January 29, 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OHIO

CATEGORICAL DETERMINATIONS

A categorical determination that NF services are needed may be made when:

- (a) The individual is being admitted for up to fourteen days for respite for the caregiver and plans to return to the caregiver at the end of the NF stay; or
- (b) The individual is being admitted pending further assessment in emergency situations requiring protective services with placement not to exceed seven days.
- (c) In the event that the individual's stay exceeds the time specified, then an ARR shall be completed within ten working days after the end of the specified period.

TN No. 93-009
Supersedes

TN No. NEW Approval Date _____ Effective Date January 29, 1993
* U.S. G.P.O.:1993-342-239:80013